

FEB 07 2005

DT02 Recd PCT/PTO 07 FEB 2005

89277.0043


 P A T E N T & T R A D E M A R K O F F I C E
 W A S H I N G T O N , D . C .

FEB 07 2005

 P A T E N T & T R A D E M A R K O F F I C E
 W A S H I N G T O N , D . C .

FEB 07 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ichinou YODA et al.

Serial No: 10/510,676

Confirmation No.: Not Assigned

Filed: October 6, 2004

For: Intake System For Engine

Art Unit: Not Assigned
Examiner: Not Assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 February 3, 2005

 Date of Deposit
 Joyce Heppen
 Name

 February 3, 2005
 Signature Date

 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above application are the following items.

Supplemental Preliminary Amendment
 Return postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20 **	0 LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	6	-	3 ***	3 LG=\$200 SM=\$100	\$ 600
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 \$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS \$ 0
					TOTAL \$ 600

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ 600 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$ to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

 Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By:

 Troy M. Schmelzer
 Registration No. 36,667
 Attorney for Applicant(s)

Date: February 3, 2005

 Biltmore Tower
 500 South Grand Avenue, Suite 1900
 Los Angeles, California
 90071
 Telephone: 213 337-6700
 Facsimile: 213 337-6701

02/10/2005 SRN/ARRO 0000006 10510676

600.00 0P

01 FC:1614